

California Resident Income Tax Return 2003**540A** C1 Side 1**Step 1**Place
label here
or printName
and
Address

Your first name

Initial

Last name

If joint return, spouse's first name

Initial

Last name

Present home address — number and street, PO Box, or rural route

Apt. no.

PMB no.

City, town, or post office (If you have a foreign address, see instructions)

State

ZIP Code

Step 1a

SSN

Your social security number

Spouse's social security number

IMPORTANT:Your social security number
is required.**Step 2**

Filing Status

Fill in only one.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one spouse had income)
- 3 ☐ Married filing separately. Enter spouse's social security number above and full name here _____
- 4 ☐ Head of household (with qualifying person). STOP. See instructions.
- 5 ☐ Qualifying widow(er) with dependent child. Enter year spouse died _____.

Step 3

Exemptions

Enclose, but do not
staple, any payment.

- 6 If your parent, (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, fill in this circle ● 6 ☐

► For line 7, line 8, line 9, and line 10: Multiply the amount you enter in the box by the pre-printed dollar amount for that line.

- 7 **Personal:** If you filled in 1, 3, or 4 above, enter 1 in the box. If you filled in 2 or 5, enter 2 in the box. If you filled in the circle on line 6, see instructions 7 ☐ X \$82 = \$

- 8 **Blind:** If you (or if married, your spouse) are visually impaired, enter 1; if both, enter 2 8 ☐ X \$82 = \$

- 9 **Senior:** If you (or if married, your spouse) are 65 or older, enter 1; if both, enter 2 ● 9 ☐ X \$82 = \$

Dependent
Exemptions

- 10 **Dependents:** Enter name and relationship. **Do not include yourself or your spouse.**

Total dependent exemptions

● 10

☐

X \$257 = \$

- 11 **Exemption amount:** Add line 7 through line 10. Transfer this amount to line 18 11

\$

Step 4Taxable
Income and
California
Income
Adjustments

- 12 a State wages from your Form(s) W-2, box 16 ● 12a

- 12 b Enter federal adjusted gross income from your TeleFile Tax Record, line I; Form 1040EZ, line 4; Form 1040A, line 21; or Form 1040, line 34 12b

- 13 **California Income Adjustments.** See instructions for line 13a through line 13f.

- a State income tax refund 13a

- b Unemployment compensation 13b

- c U.S. Social security or railroad retirement 13c

- d California nontaxable interest or dividend income 13d

- e California IRA distributions 13e

- f California pensions and annuities 13f

- g Total California income adjustments. Add line 13a through line 13f ● 13g

- 14 Subtract line 13g from line 12b. This is your California adjusted gross income.

See instructions

● 14

- 15 Enter the larger of your California **Itemized deductions** or **Standard deduction** (see instructions). If the circle on line 6 is filled in, STOP. See instructions ● 15

- 16 Subtract line 15 from line 14. This is your taxable income. If less than zero, enter -0- 16

Step 5Tax and
CreditsAttach copy of your
Form(s) W-2, and
W-2G. Also attach
any Form(s) 1099
showing California
tax withheld.

- 17 Tax. Fill in the circle if from: ☐ Tax Table ☐ Tax Rate Schedule 17

- 18 Exemption credits. Enter the amount from line 11.

If line 12b is more than \$135,714, see instructions. 18

- 19 Nonrefundable renter's credit. See instructions ● 19

- 20 Total credits. Add line 18 and line 19 20

- 23 Subtract line 20 from line 17. This is your total tax. If less than zero, enter -0- ● 23

Step 6**Overpaid
Tax/
Tax Due/
Use Tax**To view your 2003
estimated
payments, go to
www.ftb.ca.gov**Do not attach
a copy of
your federal
return.**24 Enter the amount from Side 1, line 23 **24**25 California income tax withheld. See instructions **25**26 2003 California estimated tax and payment with
form FTB 3519 and amount applied from 2002 return **26**27 Excess SDI. See instructions **27****Child and Dependent Care Expenses Credit.** See instructions.

Attach form FTB 3506.

● **28**● **29**■ **30**■ **31**32 Total payments and credits. Add line 25, line 26, line 27, and line 31 **32**33 Overpaid tax. If line 32 is more than line 24, subtract line 24 from line 32 **33**34 Enter the amount of line 33 you want applied to your **2004** estimated tax **34**35 Overpaid tax available this year. Subtract line 34 from line 33 **35**36 Tax due. If line 32 is less than line 24, subtract line 32 from line 24. See instructions **36**37 Use Tax. See instructions ● **37****Step 7****Contributions**

CA Seniors Special Fund.

See instructions ● **52** 00

Alzheimer's Disease/Related

Disorders Fund ● **53** 00CA Fund for Senior Citizens ● **54** 00

Rare and Endangered Species

Preservation Program ● **55** 00

State Children's Trust Fund for the

Prevention of Child Abuse ● **56** 00CA Breast Cancer Research Fund .. ● **57** 00CA Firefighters' Memorial Fund ... ● **58** 00

Emergency Food Assistance

Program Fund ● **59** 00

CA Peace Officer Memorial

Foundation Fund ● **60** 00

Asthma and Lung Disease

Research Fund ● **61** 00CA Missions Foundation Fund ● **62** 0038 Add line 52 through line 62. These are your total contributions ● **38****Step 8****Refund or
Amount
You Owe**39 **REFUND or NO AMOUNT DUE.** See instructions. Mail to:**FRANCHISE TAX BOARD, PO BOX 942840, SACRAMENTO CA 94240-0002** ■ **39**40 **AMOUNT YOU OWE.** See instructions. Mail to:**FRANCHISE TAX BOARD, PO BOX 94267, SACRAMENTO CA 94267-0001** ■ **40**Or pay online with FTB's WebPay – go to www.ftb.ca.gov41 Underpayment of estimated tax. If form FTB 5805 is attached, fill in this circle ○ ■ **41**42 If you **do not** need California income tax forms mailed to you next year, fill in this circle .. ● **42** ○**Direct
Deposit
(Refund
Only)**

Do not attach a voided check or a deposit slip. See instructions.

Fill in the boxes to have your refund directly deposited. Routing number ●

Account type:

Checking ● ☐ Savings ● ☐

Account

number ●

Step 9**Sign Here**It is unlawful to
forge a spouse's
signature.Joint return?
See instructions.Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct, and complete. **3**

Your signature

Spouse's signature (if filing jointly, both must sign)

Daytime phone number (optional)

() +

Date

X

X

Paid preparer's signature (declaration of preparer is based on all information of which preparer has any knowledge)

Paid Preparer's SSN/PTIN

Firm's name (or yours if self-employed)

Firm's address

FEIN